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CUSTOMER SATISFACTION SURVEY (SFO) U.S. Army Corps of Engineers

We at the U.S. Army Corps of Engineers are committed to improving service to our customers and would like to know how well we have been doing. Please rate your **Level of Satisfaction** with our performance during the project, or over the past year for activities in a primary service area. Mark Not Applicable (N/A) for any questions that do not apply. **Your straightforward** answers will help us identify the areas needing improvement. For assistance of any type, please call (person's name and phone no.); our FAX number is xxx-xxx-xxxx. **Thank you for your time and comments.**

Primary Service Area: _____
(HTRW Remediation/Superfund, Constructed Facilities, Management/Technical Services, Private Sector Support)

District Work Years Used: _____
(FTE used during the time covered by this evaluation.)

Military-type or Civil-type Work: _____
(Military: buildings, utilities, industrial/medical/nuclear/secure/aviation facilities, bridges, highways, wastewater, HTRW, etc.;
Civil: water resources, navigation, dredging, flood control, hydroelectric power, disaster recovery, shores, ports, tunnels, etc)

Please mark your LEVEL of Satisfaction.

	The _____ District:	Satisfaction					
		Low			High	N/A	
1.	Seeks Your Requirements, Priorities, and Expectations and Incorporates Them	1	2	3	4	5	N/A
2.	Manages Your Projects/Programs Effectively	1	2	3	4	5	N/A
3.	Treats You as an Important Member of the Team	1	2	3	4	5	N/A
4.	Solicits, Listens to, and Resolves Your Concerns	1	2	3	4	5	N/A
5.	Provides Timely Services	1	2	3	4	5	N/A
6.	Delivers Quality Products and Services	1	2	3	4	5	N/A
7.	Delivers Products and Services at Reasonable Cost	1	2	3	4	5	N/A
8.	Displays Flexibility in Responding to Your Needs	1	2	3	4	5	N/A
9.	Keeps You Informed	1	2	3	4	5	N/A
10.	Would Be Your Choice for Future Projects/Services	1	2	3	4	5	N/A
11.	Your OVERALL Level of Customer Satisfaction	1	2	3	4	5	N/A

PLEASE OFFER COMMENTS OR SUGGESTIONS FOR IMPROVEMENT ON THE OTHER SIDE.

CUSTOMER SATISFACTION SURVEY - USACE - SFO



COMMENTS / SUGGESTIONS:

INFORMATION ABOUT YOU (Optional):

Project/Program Name: _____

Your Name and Title: _____

Your Office Telephone No.: () _____

Would you like us to contact you? Yes _____ No _____

Please fold this form and drop it in the mail.
or FAX it to (phone no.)
Thank you!

Postage

USACE SFO Customer Survey
ATTN:
District Address
City, State Zip Code